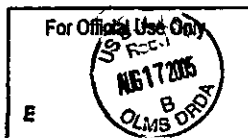


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>031-807</u> <u>9321</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>Kevin</u> <u>0</u> <u>Sexton</u> P O. Box, Bldg., Room No., if any <u>915</u> Street <u>915 N Jefferson</u> City <u>Carrollton</u> State <u>Missouri</u> ZIP Code + 4 <u>64633</u>	4 Name, file number, and address of labor organization Name <u>OPCM Local Union 518</u> Labor Organization File Number <u>031-807</u> P.O. Box, Building and Room Number, if any <u>301</u> Street <u>301 S MAIN</u> City <u>Independence</u> State <u>Missouri</u> ZIP Code + 4 <u>64050</u>
5. Position in labor organization <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any _____ P O Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions)		
Signed <u>[Signature]</u>	On <u>8-11-05</u> Date	<u>816-833-6900</u> Telephone Number

Name of Person Filing

KWIN D. Seltzer

File Number U- 031-807

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name OPCM TRAINING FUND

Trade Name, if any: NA

P.O. Box, Bldg., Room No., if any

Street 105 W 12th Ave

City North Kansas City

State Missouri ZIP Code + 4 64117

9. Business deals with

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10 If 9.b or 9.c. is checked give trust or employer's name.

Name See Above

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a. Nature of such dealing.

Training Fund

11.b. Approximate dollar value of such dealing

12.a. Nature of interest held or income received

Gift Card @ Christmas

12 b. Amount.

50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

Name of Person Filing

Kwinn D. Sutton

File Number U- 031-807

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any).

Name Mitchell Capital Mgt

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite #750

Street 2600 Grand

City Kansas City

State Missouri ZIP Code + 4 64108

9. Business deals with

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10 If 9.b or 9.c is checked give trust or employer's name

Name OPCN Fringe Funds

Trade Name, if any: N/A

P O Box, Bldg., Room No., if any Suite #200

Street 6405 Metcalf

City Overland Park

State Kansas ZIP Code + 4 66202

11 a Nature of such dealing

Investment Mgt

11 b. Approximate dollar value of such dealing.

\$500

12.a. Nature of interest held or income received

Baseball Tickets \$285.00

Football Tickets 600.00

12 b. Amount.

\$885.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14.b Amount of payment.

Name of Person Filing

Kwinn D. Sexton

File Number U- 031-807

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Preferred Health Professionals

Trade Name, if any N/A

P O Box, Bldg., Room No., if any Suite 200

Street 12920 Metcalfe Ave

City Overland Park

State KANSAS ZIP Code + 4 6625 5938

9 Business deals with:

☐ a Labor Organization☒ b. Trust☐ c. Employer

10 If 9.b or 9.c. is checked give trust or employer's name

Name OPEN Health & Welfare Fund

Trade Name, if any MA

P O Box, Bldg, Room No, if any Suite 200

Street 6905 Metcalfe

City Overland Park

State KANSAS ZIP Code + 4 66202

11 a Nature of such dealing.

Health Care Network

11.b. Approximate dollar value of such dealing.

\$ 6,400.00

12.a. Nature of interest held or income received

Baseball Tickets (Royals) \$ 92.00

Football Tickets (Chiefs) \$ 300.00

12 b Amount.

\$ 392.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a. Nature of payment.

14 b. Amount of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing

KWIN D. Seltow

File Number U- 031-807

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any)

Name Arnold Newbold WinterTrade Name, if any: NAP O. Box, Bldg., Room No., if any Suite 1600Street 1125 GrandCity Kansas CityState Missouri ZIP Code + 4 64106

9 Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10 If 9.b or 9.c. is checked give trust or employer's name

Name OPEN Fudge FundsTrade Name, if any: N/AP O. Box, Bldg., Room No., if any Suite #200Street 6405 MetcalfeCity Overland ParkState KANSAS ZIP Code + 4 66202

11.a Nature of such dealing

Legal services

11.b Approximate dollar value of such dealing

144,577.46

12.a Nature of interest held or income received

Gift and Christmas

12 b. Amount

50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any:

P O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14 a. Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.